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MN024401. Military Cancer Institute Review Board Meets
From National Naval Medical Center Bethesda, Md. Public Affairs
BETHESDA, Md. - The tri-service U.S. Military Cancer Institute
Institutional Review Board, created to review the treatment of patients who
volunteer to help develop better cancer therapies and to ensure all FDA and
DoD regulations are adhered with, met for the first time recently at
Bethesda. It is a landmark that will help ensure military members in the
Washington, D.C. area, get world-class cancer treatment.

"It was a very important meeting," said the USMCI IRB's chair, Cmdr.
Brian Monahan, Medical Corps. "This (board) is unique in that it combines
the process for military treatment facilities - Army, Navy, Air Force,
Uniformed Services University - in the Washington, DC, area into a single
body. (This allows) investigators and clinical trials to go through a much
less redundant approval process."

Monahan said the commanding officers from Walter Reed Army Medical
Center and Malcolm Grow Air Force Medical Center, commander of NNMCMC, and the
president of Uniformed Services University of the Health Sciences approved
the creation of the board, resulting in a federally recognized IRB.

According to Monahan, federally recognized board means beneficiaries in
the DC area being treated for cancer may get more rapid availability of
clinic trials for therapy innovations. For investigators - healthcare
providers and researchers - it means a faster timeline for trial approval,
especially for trials that require multiple medical facilities.

In keeping with federal standards, the board has more than 15 members
that include scientists and non-scientists, lay persons, chaplains, enlisted
members, social workers, JAG officers, and others.

Monahan said that he sees this board as being a possible pilot for
other boards that will allow expanded research.

"Cancer innovations and better therapies for patients depends upon
research," said Monahan. "If people believe that cancer research is
successful (here), then this USMCI IRB might serve as the model for other
disciplines, such as dentistry, pediatrics and infectious disease."

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MN024402. Bethesda Honored with MUC for Anthrax Response

BETHESDA, Md. - When the deadly anthrax virus was found in Sen. Thomas Daschle's office last year, National Naval Medical Center Bethesda was among the first to respond. Healthcare providers were deployed to test and treat many of the affected Hill staff, and also assisted with decontamination.

In recognition of their work, the Navy has awarded the Meritorious Unit Commendation medal to the center.

Rear Adm. Kathleen Martin, Nurse Corps, who commanded the center during the anthrax scare, received the citation on behalf of the command. All NNMC staff members, both active duty military, reservists and civilians, assigned and serving at the command from Oct. 15 through Nov. 20, 2001, are authorized to wear the unit commendation.

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MN024403. Navy Pharmacists Celebrate Their Week Oct. 20-26

Navy pharmacists are celebrating National Pharmacy Week, Oct. 20-26, with events that include open houses, meet-and-greets and brown bag lunch talks.

"This week provides a great opportunity for pharmacists to communicate with consumers, health care professionals, and patients about the vital patient care role of pharmacists," said Capt. Elizabeth Nolan, Medical Service Corps, Navy Medicine's specialty leader for pharmacy. "It can also give patients a nudge to finally ask that question about their medication."

Navy-wide, there are about 264 pharmacists, 157 of them in uniform. Another 750 technicians provide pharmacy support.

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MN024404. Navy Medicine Sleuths Seek West Nile Virus Carriers

By Jan Davis, Bureau of Medicine and Surgery

JACKSONVILLE, Fla. - In camouflaged uniforms, they peer into birdbaths, clogged gutters, flowerpots, and even mud puddles. They set out small baited traps in shadowy areas, and scoop the dawn and dusk air with lightweight nets, seeking their prey.

These sleuths are hospital corpsmen, specially trained to find and capture mosquitoes on Navy and Marine Corps facilities to see if they might carry of West Nile or other diseases.

"Mosquitoes can be vectors, carriers of diseases," said Lt. James English, Medical Service Corps, at the Navy Disease Vector Ecology and Control Center Jacksonville, Fla. "The best way to prevent the disease is to eliminate the vector. So we look in standing water, which is their breeding ground."

Historically, mosquitoes and their larvae were hunted down and as a way to gather information to manage the pests, which were little more than a nuisance. But since 1999, when West Nile virus first appeared in the U.S., mosquito surveillance has taken on a new urgency.

According to the Centers for Disease Control, more than 2,730 people in the U. S. have confirmed cases of West Nile Virus; 146 people have died. But the actual number of people who have had the disease is probably much higher.

"Most people who are infected with West Nile Virus will never know they've had it," said English. "Another small percentage will think they have a mild case of the flu."

But in a very few cases, about 1 in every 150, the virus can cause more serious illnesses, such as encephalitis or meningitis - inflammation of the brain and the spinal cord, which can be life-threatening.

According to English, while the likelihood of being infected is small, there are preventive steps that should be taken.

"Since the virus is transmitted by the bite of an infected mosquito, stay indoors during the peak activity periods of dawn and dusk. If you do go outside, wear loose-fitting shirts with long sleeves, and cover any exposed skin with repellent that contains DEET," said English. He also said it's important to eliminate any standing water around homes, such as in flowerpots, clogged gutters, buckets, and birdbaths.

"A good hard freeze will kill mosquitoes in the north," said English, "but in areas where it doesn't freeze, like Florida, West Nile is going to continue to be a problem into the winter."

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MN024405. Physical Therapy Gets Fleet on Its Feet

By Lt. Dave Newman, Medical Service Corps, U.S. Naval Hospital Yokosuka

YOKOSUKA, Japan - Musculoskeletal injuries on board Navy ships can be a major medical problem. Preventing these injuries contributes directly to a ship's ability to meet its operational requirements and saves countless man-hours.

Specially trained physical therapists have been serving on board aircraft carriers since 1996 in an effort to promote deckplate medicine. Unfortunately, general medical officers and independent duty corpsmen serving on smaller classes of ships have limited access to the carrier-borne physical therapists while underway.

The physical therapy department at U.S. Naval Hospital Yokosuka is helping to overcome this shortcoming by offering several initiatives, including a four-day course in the evaluation and treatment of common musculoskeletal injuries seen aboard ship.

Health care providers receive training that includes an in-depth review of anatomy, pathology of common musculoskeletal injuries, and treatment techniques that can be performed aboard their ship without specialized equipment.

These classes have been well received by the GMOs and IDCs from several 7th Fleet ships, U.S. Naval Hospital Yokosuka, and USS Frank Cable (AS 40). Shipboard medical providers who have attended now understand the importance of early access to care and effective rehabilitation programs aboard ship.

The intended goal of the training is to get Sailors and Marines back to full duty quickly, while reducing costly aeromedical evacuations.

An interactive CD-ROM, "Management of Acute Shipboard Musculoskeletal Injuries," developed by the physical therapy department at Yokosuka, has been especially helpful.

With a click of a mouse, medical officers can look up the clinical presentation, all diagnostic tests, and the best rehabilitation programs for specific injuries based on the acuity of symptoms. The plan is to provide all medical departments of 7th Fleet ships with a copy of this software.

Additionally, physical therapists visit all 7th Fleet ships and provide clinical assistance during sick call. This will afford GMOs and IDCs the opportunity for hands-on training in evaluating musculoskeletal injuries and developing individualized rehabilitation programs that can be easily performed aboard ships.

These shipboard visits, along with the specialized training, will help ensure injured Sailors and Marines are treated quickly and are able to deploy as scheduled.

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MN024406. Navy Medicine Team Competes in Wilderness Challenge

By A. Marie Meza, Navy Health Support Office, Jacksonville, Fla.

LAFAYETTE, W. Va. - Plenty of mud, sweat and tears were in store for 48 adventure racing teams for a two day action packed 2002 Wilderness

Challenge, hosted by Naval Air Station Norfolk, Va.

Navy Medicine was well represented by the veteran team, Team Warmowski. The team was named for their former teammate Lt. Cmdr Jim Warmowski, Medical Service Corps, who was killed earlier this year in a biking accident. Warmowski has been assigned to Naval Healthcare Support Office Jacksonville, Fla.

"We're a Navy Medicine team," said Lt.j.g. Angela Webster, Medical Service Corps, who is stationed at HSO Jacksonville. "The other members of the team are Lt.j.g. Chris Cooper, Medical Service Corps, and Lt. Russ Linderman, Medical Service Corps, both aviation physiologists at Aviation Survival Training Center Det East, and Hospital Corpsman First Class Adolph Herrera, who is the leading petty officer in the family practice clinic at Naval Hospital Jacksonville."

The teams faced a variety of challenges along the rigorous course, which includes as running, swimming, mountain biking, and white water rafting. "Team Warmowski stood side by side with some of the best the Armed Forces had to offer," said Webster. "Unofficially, we ranked 14 out of 48 teams total, placing us in the upper third of the competition."

According to Webster, the team had an 'unofficial' finish because of her own personal challenge. Due to severe dehydration, she wasn't able to participate in the whitewater-rafting portion of the race. While the team was disqualified, it was still allowed to compete.

Webster said her experience with severe dehydration was a valuable lesson learned.

"The body can sweat one quart of water every 15 minutes. Under optimal conditions, the body can absorb one quart of water in 20 minutes," she said. "Our team ran a 7 minute mile for the first half of the 10K (footrace), and I couldn't keep up on fluids. I couldn't drink but little sips from (my camelback.) I also stacked my energy drinks and gels, without adequate water intake. Near the end of the race, I was hallucinating a bit."

Webster said at the finish line, she was so dehydrated that she didn't recognize her teammates and needed three bags of intravenous fluids recover.

"Once the fluids got in me, my condition rapidly improved," said Webster. Still, her recovery took more than the allotted one-hour recovery time between events, and she thought, in the interest of safety, she shouldn't chance the whitewater rafting. She was back the next day, competing in a ten-mile mountain bike, a two-mile kayak race and a 14-mile hike.

"Even with my episode the day before, we still came in the 10th fastest team on the hike," said Webster. "Chalk it up to experience and a few hard lessons learned like keep drinking water even when you think you've had enough, and race like you train, and train to race."

Team Warmowski is searching the Internet now for another race to compete in.

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MN024407. First Person: Lt. Cmdr. Lori Jo Learned-Burton, Medical Corps

(Learned-Burton is assistant department head for the ophthalmology clinic, Naval Hospital Camp Lejeune, N.C. These are her words about being a physician, wife, Navy officer, and mother of twins.)

My family and career are very important to me. My job as a doctor allows me to meet all kinds of people, and I get a feeling of satisfaction being able to talk to them one on one about a variety of topics. I enjoy talking to five-year olds who tell me about their puppies, and I also enjoy hearing stories from decorated veterans with amazing tales of their service, and everyone in between. No day is the same. It is challenging both intellectually and socially, to be able to connect with all sort of people

and make them feel comfortable with the care they are receiving.

I love my family and chose my career based partly because it let me put my family first. Twins are wonderful. You just try to survive the day when you have two or more for the first three months. I feel like they are so challenging as infants, but are easier when they are older since they always have a playmate. What amazes me the most is that my twins are identical, but have very different personalities! I would cry all the way to work and coming home. My younger sisters are twins, so I got a lot of advice from them. GOMOMS, which is the Greater Onslow Mothers of Multiples, in North Carolina, has been a motivating force for me too with my twins. The thing I like best about it is the folk in the club, other parents of multiples. The support and friendship they give is very uplifting.

Serving in the Navy has been great, especially at a Marine Base. I have the utmost respect for the Marines and my fellow Sailors as well for what they have volunteered to do for our country. I spent two years assigned to a ship and it was a wonderful experience, but doing it my whole career would be tremendously difficult.

I don't consider my three roles as wife, mom, and Navy physician as separate. They all blend to make me who I am. My medical and naval career impacts my marriage and how I parent, while being a wife and mother definitely makes me interact with my patients differently than someone without a spouse or children. I think each area compliments the other.

- Interviewed by Aveline V. Allen, Bureau of Medicine and Surgery

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MN024408. Broadcast Offers Smallpox Response Training

The U.S. Army Medical Research and Materiel Command, and the Department of Veterans Affairs will offer a live satellite broadcast entitled "Smallpox: Recognition and Response" on Nov. 6, from 1-3 p.m. eastern time.

This program will inform and educate healthcare providers on clinical recognition, laboratory identification, and medical response to a smallpox attack. It is designed for military and civilian medical care providers, epidemiologists, laboratorians, veterinarians, pharmacists, first-responders, and others who would assist in recognizing and managing casualties from a biological agent attack.

The broadcast can be downlinked at no cost in the continental United States, Hawaii, Alaska, Puerto Rico, and southern Canada. Videotapes are also available shortly after the original broadcast. For additional information, visit the Biological and Chemical Warfare and Terrorism website at www.biomedtraining.org or call RegisterAmerica.net at 850 784-6002, ext 16.

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MN024409. Order Your New TRICARE Handbook Online

CYBERSPACE - The new TRICARE Handbook, expanded to provide information about TRICARE's newest services, is now available and can be ordered on the TRICARE Smart Store, www.fhinc.net/tricare/default.asp. Once at the Smart Site, go to "All Marketing Products" and scroll down to the new TRICARE Handbook. Enter the number of handbooks you want and check out. Other information materials are also available at the Smart Site.

While individual orders will be honored, commands are encouraged to order enough of the new handbooks for all their beneficiaries, and for healthcare providers as well.

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MN024410. HealthWatch: October is Family Eyecare Month

By Aveline V. Allen, Bureau of Medicine and Surgery

Most healthcare professionals recommend an annual eye exam. Since October is Family Eye Care Month, why not let it serve as a reminder to have you and your family's eyes checked?

"The importance of regular eye exams cannot be over-emphasized," said Lt. Tyson Brunstetter, Medical Service Corps, an optometrist at Naval Aerospace Medical Research Laboratory, Pensacola, Fla. "Eye care professionals really believe that 'the eye is the window to the soul.'"

The American Academy of Ophthalmology (AAO) reports that eye conditions and diseases can come about at any age, newborns to senior citizens. They urge everyone to be aware of warning signs for eye disorders and diseases, and to see an eye doctor regularly. If you think you may have an eye disease that is inherited, make sure you tell your eye doctor.

"Not only can an exam diagnose vision problems and eye disease, but it can also uncover a large array of general health conditions such as diabetes, cardiovascular disease and neurological disorders," said Brunstetter.

There are general guidelines that the AAO recommends to make sure you get the proper eye care throughout all stages of your life. The first eye exam should be given to newborns around the age of 6 months, followed by another just before starting school. Brunstetter adds that school-age children should receive eye exams at least every two years. If there is a family history of childhood vision problems or if the child seems to have wandering or crossed eyes, their eyes should be checked more frequently.

According to the AAO, puberty to age 39 is the next time to focus on vision care. Although most young people have good eyesight, the AAO still recommends visiting an eye doctor especially if you experience visual changes, eye pain, itching, flashes of light, spots, excessive tearing, dry eyes or injury.

Between ages 40 to 65, the AAO recommends eye exams at least every two to four years. Adults over the age of 65 need eye exams every one to two years to rule out cataracts, glaucoma and other eye conditions.

Individuals with a higher risk for eye-related diseases and problems should see an eye doctor more frequently than the recommended guidelines. These individuals include those with a family history of eye disorders, those with diabetes, high blood pressure, and/or heart conditions, and African Americans over age 40.

"Regular eye exams can many times catch conditions early, well before patients realize that a problem even exists," said Brunstetter. "It's time well spent!"

For more information on eye-related conditions and disease, see www.aao.org <<http://www.aao.org>>.

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